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BIBDATASHEET**CONFIRMATION NO. 5512**

Bib Data Sheet

SERIAL NUMBER 09/469,902	FILING DATE 12/22/1999 RULE	CLASS 514	GROUP ART UNIT 1625	ATTORNEY DOCKET NO. P31251C1
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APPLICANTS

ANDREW SIMON CRAIG, SEVENOAKS, UNITED KINGDOM;

VICTOR WITOLD JACEWICZ, TUNBRIDGE WELLS, UNITED KINGDOM;
MICHAEL URQUHART, SOUTHBOROUGH, UNITED KINGDOM;

**** CONTINUING DATA *******

THIS APPLICATION IS A CON OF 09/299,060 04/23/1999 PAT 6,063,927

**** FOREIGN APPLICATIONS *******

UNITED KINGDOM 9814316.7 07/02/1998

UNITED KINGDOM 9821732.6 10/06/1998

UNITED KINGDOM 9902935.7 02/10/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED**** 02/07/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

20462

SMITHKLINE BEECHAM CORPORATION

CORPORATE INTELLECTUAL PROPERTY-US, UW2220

P. O. BOX 1539

KING OF PRUSSIA, PA

19406-0939

TITLE

NOVEL COMPOUND

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/469,902	12/22/99	546	1612	P31251C1
APPLICANT	ANDREW SIMON CRAIG, SEVENOAKS, UNITED KINGDOM; VICTOR WITOLD JACEWICZ, TUNBRIDGE WELLS, UNITED KINGDOM; MICHAEL URQUHART, SOUTHBOROUGH, UNITED KINGDOM.			
CONTINUING DOMESTIC DATA*** VERIFIED THIS APPLN IS A CON OF 09/299,060 04/23/99 <u>Re</u>				
371 (NAT'L STAGE) DATA*** VERIFIED <u> </u>				
FOREIGN APPLICATIONS*** VERIFIED GREAT BRITAIN 9814316.7 07/02/98 <u>Re</u> GREAT BRITAIN 9821732.6 10/06/98 GREAT BRITAIN 9902935.7 02/10/99				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/07/00				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GBX	SHEETS DRAWING 0	TOTAL CLAIMS 24
Verified and Acknowledged	<u>Re</u> Examiner's Initials Initials			INDEPENDENT CLAIMS 4
ADDRESS	SEE CUSTOMER NUMBER: 020462			
TITLE	NOVEL COMPOUND <i>Method of using Paroxetine derivatives</i>			
FILING FEE RECEIVED \$910	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____	